

Saint Louis County Health Department Air Pollution Control Program 111 S. Meramec Avenue Clayton, MO 63105 (314) 615-8924

## **OFFICE USE ONLY**

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VAPOR RECOVERY SYSTEM CONSTRUCTION/OPERATING PERMIT APPLICATION								
Section A – General Application Information								
Facility Na	me			Co		ounty		
Facility Street Address			Ci	ty	State	Mail (ZIP) Code		
Facility Phone No Facility Contact Per			rson		Contact Person Phone No			
Owners Na	ame	<u> </u>	C		Owners Phone N	Owners Phone No		
Owners Mailing Address			Ci	ty	State	Mail (ZIP) Code		
Section B – Type of Application (Check all appropriate boxes)								
Operating Permit: Initial			Renewal Post Construction					
Construction Permit: New Facility Existing Facility								
Brief description of the Planned Construction:								
Section C – Stage I Information								
	ystem Type (Specif		Dual Sy	Dual System		Coaxial System		
				Vapor Line Manifolded Underground				
Tanks	Product Type	Tank Size	Tank Type	(Yes or No)		(Yes or No)		
1								
2								
3								
4								
Section D – Stage II Information								
System: Balance			Number	Number of Nozzles:				
Vacuum Assist Number of Dispensers:								
Other (Specify)			Type of Dispensers:					
Dispensers Model No.:								

Section E – Applicants Certification Statement					
"I Certify, based on information and belief formed after reasonable inquiry, the statements and information in this document are true, accurate and complete."					
Signature of Responsible Official of Facility	Date				
Type or Print Name and Official Title of Signer	Telephone ( )				

#### VAPOR RECOVERY OPERATING/CONSTRUCTION PERMITS

This form is to be used for Saint Louis County Vapor Recovery System Operating and Construction permits and Missouri Department of Natural Resources Operating and Construction permits.

### **OPERATING PERMIT APPLICATIONS:**

MISSOURI STATE OPERATING PERMIT FEES DO NOT APPLY FOR SAINT LOUIS COUNTY FACILITIES.

SAINT LOUIS COUNTY OPERATING PERMIT FEES ARE \$218.00 PER EMISSION POINT (TANK'S FILL PORT OR NOZZLE) AND APPLY TO NEW FACILITY AND FACILITIES INCREASING THE NUMBER OF EMISSION POINTS.

# Attach the following to your operating permit application:

- 1. Plumbing diagrams including vapor lines, vent lines, slope of return vapor lines, diameters of all lines, etc.
- 2. Proof of underground storage tank registration and any other Missouri State permits that may apply.

### **CONSTRUCTION PERMIT APPLICATIONS:**

MISSOURI STATE CONSTRUCTION PERMIT FEES DO NOT APPLY FOR SAINT LOUIS COUNTY FACILITIES.

SAINT LOUIS COUNTY CONSTRUCTION PERMIT FEE IS \$ 655.00.

### **Attach the following to your construction permit application:**

- 1. A complete site diagram and a thorough description of the planned construction.
- 2. Plumbing diagrams including vapor lines, vent lines, slope of return vapor lines, diameters of all lines, etc.
- 3. A list of all equipment being installed and current California Air Resources Board (CARB) and Missouri Performance Evaluation Test Procedure (MOPETP) executive Order Numbers for the proposed system and/or the modified system components.
- 4. Proof of underground storage tank registration and any other Missouri State permits that may apply.
- 5. Name of contractor performing work.

COMPLETED APPLICATIONS ARE TO BE MAILED TO:

SAINT LOUIS COUNTY HEALTH DEPARTMENT FISCAL SERVICES 111 S. MERAMEC AVE. CLAYTON, MO 63105

Checks are to be made payable to Saint Louis County Treasurer